

**U.S. District Court for the Southern District of Indiana**  
**Court Interpreter Services**  
**INVOICE**

Name of Interpreter: \_\_\_\_\_ Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Social Security Number or Taxpayer ID: \_\_\_\_\_

**Description of Services:**

Services Provided for: ☐ U.S. District Court ☐ In Court  
☐ U.S. Probation Office ☐ Out of Court

Date	Cause No. & Defendant's Name	Start Time	End Time	Amount Claimed
<b>Mileage *</b> No. of Miles _____ x \$0.445/mi. =				\$
<b>Parking *</b>				\$
<b>Additional Travel Expenses * (Attach Form)</b> (NOTE: All receipts for reimbursable expenses must be attached to this invoice.)				\$

**TOTAL AMOUNT CLAIMED**

**\$**

*\* Mileage, parking, and similar expenses are not reimbursed when the contract court interpreter's residence is within the local commuting distance of the courthouse.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*For Court Use Only:*

Federal Certification ☐ Professionally Qualified ☐ Language Skilled ☐

**U.S. District Court for the Southern District of Indiana**  
**Court Interpreter Services**  
**ADDITIONAL TRAVEL EXPENSES FORM**

<b>INTERPRETER'S NAME:</b>	
<b>Instructions To The Interpreter:</b>	
( a ) - ( c )	List amount for each meal, including tax & tips related to the meal.
( d )	Show daily lodging expense, including hotel taxes.
( e )	Show other expenses such as parking and baggage handling.
( f )	Total across expenses for each day.

DATE	ITEMIZED TRAVEL EXPENSES						
	Meals			Lodging	Other	Description (for "Other" column ( e ) items, ie. parking, baggage handling and other items)	TOTAL
	Breakfast ( a )	Lunch ( b )	Dinner ( c )				
example: 11/21/05	\$ 5.50	\$ 8.75	\$ 18.25	\$ 84.00	\$ 6.00	Parking	\$ 122.50
						TOTAL:	

Transfer "TOTAL" figure to "Additional Travel Expenses" box on Court Interpreter Services "INVOICE".